



Crosslake Community School
35808 County Road 66
P.O. Box 1020
Crosslake, Minnesota 56442
218-692-5437

530FRM Addendum 1
Approved 6/13/2022

(current date)

To the parent/guardian of **STUDENT NAME**,

This is to inform you that according to Crosslake Community Schools' (CCS) records and after a review of the State Immunization Database (MIIC), your student is still in need of the following ***immunizations required my MN Law***:

Your student is in need of **(customize to student)** vaccinations. Please provide proof of these vaccinations by (date to be determined).

Please bring this letter to your health care provider.

(Note:)

**If your student has already received these immunizations, please send a photocopy of their immunization record to CCS' office at this time.

**If your student has not yet received these immunizations, please make immediate arrangements with your clinic or public health agency to get them completed. Then send a photocopy of their immunization record to CCS' office.

**If you choose to be a conscientious objector or have reason for medical exemption, please sign the appropriate area on the enclosed pupil immunization form with a notary.

Thank you,

Crosslake Community Schools
Health Care Office